

Grant Application

Department of Criminal Justice Services, 202 North Ninth Street, Richmond, Virginia 23219 Attachment 1

Grant Program:	Victim/Witness Grant Program <input type="checkbox"/> FY2009 <input type="checkbox"/> FY2010																																										
Applicant:																																											
Jurisdiction(s) Served:																																											
Program Sponsor																																											
Program Title:																																											
Grant Period:	<input type="checkbox"/> July 1, 2008 - June 30, 2009 <input type="checkbox"/> July 1, 2009 – June 30, 2010																																										
Type of Application:	<input type="checkbox"/> Continuation of Grant Number:																																										
<table border="1"> <thead> <tr> <th></th> <th>Project Director</th> <th>Project Administrator</th> <th>Finance Officer</th> </tr> </thead> <tbody> <tr> <td>Name:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Title:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Address:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Phone:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Fax:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>E-mail:</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Project Director	Project Administrator	Finance Officer	Name:				Title:				Address:				Phone:				Fax:				E-mail:															
	Project Director	Project Administrator	Finance Officer																																								
Name:																																											
Title:																																											
Address:																																											
Phone:																																											
Fax:																																											
E-mail:																																											
Signature of Project Administrator:																																											
Brief Project Description:																																											
<table border="1"> <thead> <tr> <th>Project Budget Summary</th> <th colspan="2">DCJS Funds</th> <th>Total</th> </tr> <tr> <th></th> <th>Federal 80%</th> <th>State 20%</th> <th></th> </tr> </thead> <tbody> <tr> <td>Personnel</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Consultants</td> <td>\$NA</td> <td>\$NA</td> <td>\$NA</td> </tr> <tr> <td>Travel/Subsistence</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Equipment</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Indirect Costs</td> <td>\$NA</td> <td>\$NA</td> <td>\$NA</td> </tr> <tr> <td>Supplies/Other Operating Expenses</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Totals:</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td colspan="4">Grand Total: \$</td> </tr> </tbody> </table>				Project Budget Summary	DCJS Funds		Total		Federal 80%	State 20%		Personnel	\$	\$	\$	Consultants	\$NA	\$NA	\$NA	Travel/Subsistence	\$	\$	\$	Equipment	\$	\$	\$	Indirect Costs	\$NA	\$NA	\$NA	Supplies/Other Operating Expenses	\$	\$	\$	Totals:	\$	\$	\$	Grand Total: \$			
Project Budget Summary	DCJS Funds		Total																																								
	Federal 80%	State 20%																																									
Personnel	\$	\$	\$																																								
Consultants	\$NA	\$NA	\$NA																																								
Travel/Subsistence	\$	\$	\$																																								
Equipment	\$	\$	\$																																								
Indirect Costs	\$NA	\$NA	\$NA																																								
Supplies/Other Operating Expenses	\$	\$	\$																																								
Totals:	\$	\$	\$																																								
Grand Total: \$																																											